

RECEIVED COMM. OF ELECTIONS

2007 JAN 12 A II: 35

Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	tr	inds to	2 2	ric Buckson
Account Number:			Date of t	his Report: 12 - 31-06
REPORTING PERIOD:	FROM: / <u>/</u>	1-31-06	_ TO:	12-31-06
Check the box that applies to	this report:			
Primary Election	□ 8-DAY	☐ 30-DAY		Office:
General Election	□ 8-DAY	□ 30-DAY		LEVY Court & Destud Kill
Other Election	□ 8-DAY	□ 30-DAY		
Special Election	□ 8-DAY	□ 30-DAY		
Year End Report	Final Organi	zation Closing		Closing Date:
regulations regarding Gampa	ign Finance and the	e election process in	the State of	urate and correct. I agree to abide by all rules and f Delaware. I understand that representatives from nation provided on this report.
TREASURER SIGNATURE				DATE
CANDIDATE SIGNATURE	Sun	hom		12/31/06 DATE



STATEMENT OF ACCOUNT BALANCE

AC	COUNT #:	F	EPORTING PERIOD:	10-31-06	12-31-06
				FROM	то
1.		NG BALANCE ut Balance from last reporting period)			295.95
2.	RECEIPT	S:			
	A.	SCHEDULE A - TOTAL RECEIPTS			661.19
	В.	SCHEDULE C-1 - TOTAL IN-KIND C	ONTRIBUTIONS		
	C.	SCHEDULE D-1 – TOTAL LOANS RE	CEIVED		3876.62
	D.	SCHEDULE E - TOTAL EXPENSE RE	IMBURSEMENTS RECE	EIVED	
	E. SI	UBTOTAL (Total of A, B, C, D)			4537.81
3.	EXPEND	ITURES:			
	F.	SCHEDULE B - TOTAL EXPENDITU	RES		2452.76
	G.	SCHEDULE C-2 – TOTAL IN-KIND E	XPENDITURES		
	н.	SCHEDULE D-2 - TOTAL LOAN PAY	MENTS		1938.31
	I.	SCHEDULE E – TOTAL EXPENSE RI	EIMBURSEMENTS PAID		
	J. S	UBTOTAL (Total of F, G, H, I)			4391.07
4.		BALANCE ing Balance plus 2E, minus 3J)			442.69
5.	VALUE (OF NON-CASH ASSETS (From Schedule F)			0
6.	VALUE (OF DISPOSED/TRANSFERRED ASSETS (F	rom Schedule G)		
7.	VALUE (OF LOANS AT END OF PERIOD (Loan Bala	ance from Schedule D-2)		
	CI OSE (NET DALLANCE (Must equal zero if Committee	as closed)		



SCHEDULE A - TOTAL RECEIPTS

					FROM	ТО
er \$50. No eriod, each	OTE: If you item must b	\$100 for the reporting period. Receipts receive funds from the same person or e listed if the aggregate amount is over S OF \$100:	organization several times di	uring the reporting		
Date Received	Contrib Type	Contributor Name	Contributor Mailing Addre		Aggregate Amount	Amount Received
11-1-06		Ist State Menofaction	PAC		(000,00	600.00
		ERIC GUCKSION	CAM DEN , C		61.69	[6]. [6]

GRAND TOTAL RECEIPTS (THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:	F	REPORTING PERIOD: \ \	- 31-06	. (2	-31-01
				FROM	TO
f the amour	it. NOTE: IF you expend funds to the	ng period. All expenditures to Political Co same person or organization several time 00, even if the individual amounts are not	es during the reporti	temized, regardle ng period, each it	ss em
EXPENDIT	URES IN EXCESS OF \$100:				
Date Expended	Payee Name	Payee Mailing Address	Reason Code	Aggregate Amount	Amount Expended
10-31	Dave Post	Dover 601			1274.40
11-3-06	Magnolin Post Off	Magnolia			663.91
9-7566	V Glage Braphi	Camden, Di			514.45
	9				
	THE PURISH HE WAS A STREET				
					U.S. Carlotte
		Vanish and the second second second		P. LAKE	
					PV III
OTAL EX	PENDITURES IN EXCESS OF \$1	00			
OTAL EX	PENDITURES NOT IN EXCESS	OF \$100			

GRAND TOTAL EXPENDITURES
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

			FROM	TO
NOTE: If you re	ceive in-kind contributions from	harge or less than fair market value in exc the same person or organization several ti is over \$100, even if the individual amou	mes during the reporting period.	riod.
N-KIND CON	TRIBUTIONS IN EXCESS OF			ES)
Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Estimated Value Received
				-

GRAND TOTAL IN-KIND RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #:	RI	EPORTING PERIOD:		
			FROM	TO
NOTE: If you pay each item must be IN-KIND EXPEN	in-kind expenditures to the same listed if the aggregate amount is NDITURES IN EXCESS OF \$10	ge or less than fair market value in exc person or organization several times of over \$100, even if the individual amo 00:	during the reporting period, bunts are not.	
Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Estimated Value Expended

TOTAL IN-KIND EXPENDITURES IN EXCESS OF \$100

TOTAL IN-KIND EXPENDITURES NOT IN EXCESS OF \$100

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



SCHEDULE D-1 - LOANS RECEIVED

ACCT#:

ACCT#:		REPORTING PERIOD:	10-31-26 FROM	12	-31-06
		PERIOD should be itemized on this schedule, NOTE: These			10
Date Received	CEIVED IN EXCESS OF \$50: Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
10-31	DAvid Buckson, St.	Camden D1	money /ads	0	1274.40
12-30	Eric Buckson St.	Canden De	to repar DPB In	0	1938.31
				80	
	ANS RECEIVED UNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEM	MENT OF ACCOUNT BALANCE, ITEM 2C)			3876.68



SCHEDULE D-2 - LOANS

ACCT#:	REPORTING PERIOD:	10-31-06	12-31-06
		FROM	то

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
12-30	DAVID B ST.		cash		1938.31	1938.31	0
2-31	Eric Buckson		Cash / deflerence in lonn		1938.31	1000 01	10
			/ 10	ME			
-							
12.11							
						4 2 2	
	e a distribution de l'a					2111	
OTAL LO	DANS				3876.62	1938.31	0



SCHEDULE E - EXPENSE REIMBURSEMENTS

CCT#:			KEFOKI	ING PERIOD:	FROM
	rsements received by you and paid by you must be iten				PROM
Date Received	NTS RECEIVED (Monies paid to you as reimburser Reimburser Name and Mailing Address	nents for expenses you incurred.) Description of Activity	Activity Date	Total Expense Amount	Reimburseme Received
				74000	
OTAL REIMBUI	RSEMENTS RECEIVED			24,11725	
EIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2,	for expenses they incurred.)		Tabl	Dink
EIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2.		Activity Date	Total Expense Amount	Reimburseme Paid
EIMBURSEMENTS EIMBURSEMEN Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.) Description	Activity		
EIMBURSEMENTS EIMBURSEMEN Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.) Description	Activity		
EIMBURSEMENTS EIMBURSEMEN Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.) Description	Activity		
EIMBURSEMENTS EIMBURSEMEN Date	NTS PAID (Monies paid by you to reimburse others Payee Name	for expenses they incurred.) Description	Activity		Reimburseme Paid



SCHEDULE F - NON-CASH ASSETS

ACCT #:		REPORTING PERIOD:	
contributed to the organ	nization.	FRO nose paid for by the organization, lent to the organization	
Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)

TOTAL ASSET VALUE



SCHEDULE G - ELIMINATION OF ASSETS

ACCI#:		REPORTING PERIOD:	
			FROM TO
Itemize all non-cash ass	sets disposed of, transferred or sold by the organ	ization during the reporting period.	
ALL NON-CASH AS	SETS		
Date	Description	Disposition	Value
Eliminated	of Asset	of Asset	Received
Office of the latest	Miles Paradistria Interna		THE PARTY OF THE P
			The second
		THE DESIGNATION OF THE PARTY OF	
HEALT THE			
THE RESERVE		THE STATE OF THE S	
TOTAL ASSETS ELI	MINATED		

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)